

## OUHSC & OU-Tulsa Students

**Please follow the steps below to complete the vaccine declination process and achieve compliance status within the Complio system.**

1. Complete the entire **Vaccine Declination Form** (page 2 of this document) except for the **For Completion by OU Administration** section at the bottom of the page.
2. Email your completed form (and required documentation) using the subject line “**Vaccine Declination Form**” to one of the following addresses based on your geographic campus location:
  - a. **OU-Tulsa campus students:**
    - i. [TulsaSA@ou.edu](mailto:TulsaSA@ou.edu)
  - b. **OKC campus and remote site students:**
    - i. [RequiredImmunizations@ouhsc.edu](mailto:RequiredImmunizations@ouhsc.edu)
3. Following submission to one of the above email addresses, a staff member from Student Affairs, the Accessibility & Disability Resource Center, and/or Student Health may be in communication with you, via your university email or phone, to discuss your form.
4. Do not upload this form to Complio until you receive notification of approval via email from one of the departments listed above along with your signed form.
  - a. *Any forms uploaded to Complio without the signature of OU Administration will not be reviewed or marked compliant by Complio.*

# Vaccine Declination Form for OUHSC & OU-Tulsa Students

*This updated form is to be used by students who are required to receive a vaccine based upon academic requirements and are declining the vaccination for one of the two reasons stated below.*

## DECLINATION OF VACCINE

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ College Program: \_\_\_\_\_

Campus/Site Location: \_\_\_\_\_

I request an accommodation for an exemption from the \_\_\_\_\_ vaccination requirement for one of the following two reasons (select one):

\_\_\_\_\_ I request an exemption from this vaccination requirement based on my sincerely held religious beliefs, practices, or observances.

- *Please explain the reasons for your requested exemption. If you do not provide a statement that includes your reason, your exemption request will not be processed and will be denied.*

**OR**

\_\_\_\_\_ I request an exemption from this vaccination requirement based on my disability, which may include an existing medical condition.

- *Please attach documentation of your disability, which may include an existing medical condition; this documentation should disclose any contraindications to receiving the vaccine and must be signed by a medical provider.*

**FURTHER, I understand and acknowledge:**

\_\_\_\_\_ (initial) If granted an exemption, I understand I must follow all prevention measures as instructed by my College and/or by an facility where I may be assigned for clinical rotations or experiences.

**Please note that for each vaccine being declined, a separate form will need to be completed. To the best of my knowledge, I swear or affirm that the information and documentation I provided on this form is true and accurate. If I knowingly provided false information or documentation on this form, I may be subject to disciplinary proceedings under the Student Professional Behavior in an Academic Program Policy or the Student Rights and Responsibilities Code.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Completion by OU Administration:**

Reviewed/Approved by: _____	Date: _____
Office and Title: _____	